



State of California
Respiratory Care Board
444 North 3rd Street, Suite 270
Sacramento, CA 95814
Telephone (916) 323-9983
Fax (916) 323-9999
www.rcb.ca.gov



October 29, 2003

Inquiry: My administration is inquiring about other hospitals that allow respiratory care practitioners to provide conscious sedation under direct observation by the attending physician? I know there are a number of states where hospitals allow RCP's this practice. We have been performing this procedure since the inception of state licensure. The previous Medical Director, was an active proponent for what the law could allow RCP's to perform.

During a preliminary review, a JCAHO surveyor made the following comment, in regards to conscious sedation, "though not specifically outlined in the CRT scope of practice and not mentioned specifically in Title 22, is an unusual practice. This is the only California hospital that indicates this practice as "allowable". They have asked, from the Respiratory Care Board, for definition of allowable scope of practice for an RCP.

The surveyor's second comment reads, "Respiratory therapist cannot administer IV antibiotics." Respiratory Care Practitioners have been delivering Tobramycin, Pentamidine, and other viral medications for years. There has been research where insulin will be given by aerosol in the future. Should route be an issue?

Response: Section 3701 of the Practice Act describes the intent of the law to recognize overlapping functions between physicians and surgeons, registered nurses, physical therapists, and other health care providers within organized health care systems. For this reason, the application of conscious sedation would be considered acceptable by a licensed RCP as long as the organization has provided adequate training and education for the process.

Section 3702, paragraph b, of the Practice Act speaks to the question of IV antibiotic administration by a licensed RCP. It states that practitioners can provide direct and indirect respiratory care services, including but not limited to, the administration of pharmacological and diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative or diagnostic regimen prescribed by a physician and surgeon. Additionally, the Legislature also recognizes the practice of respiratory care to be a

dynamic and changing art and science, the practice of which is continually evolving to include newer ideas and more sophisticated techniques in patient care. This statement in conjunction with the recognition of overlapping functions makes the administration of IV antibiotics acceptable.

Reference # 2003-C-32